

Draft Child Maltreatment

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Definition: Behavior which is outside the norms of conduct and entails a substantial risk of causing a child physical or emotional harm. Four categories of maltreatment are physical abuse, sexual abuse, neglect and emotional maltreatment. In this report, child maltreatment is measured by the number of children in referrals accepted for investigation by Child Protective Services.

Washington State Goal Statements:

Reduce the number of children in referrals accepted for investigation by Child Protective Services by 5% from 30.1 per 1,000 children (45,859) in 2004 to 28.6 per 1,000 by 2010.

National Healthy People 2010 Objectives:

1. Reduce child victims of maltreatment from 12.9 in 1998 to 10.3 per 1,000 children under age 18 years by 2010. *There are no comparable data for Washington.*
2. Reduce child maltreatment fatalities from 1.6 in 1998 to 1.4 per 100,000 children under age 18 years by 2010. *There are no comparable data for Washington.*

Statement of the Problem:

Child maltreatment causes suffering directly, has long-term effects on physical and emotional well being and increases the risks of delinquency, substance abuse, adolescent pregnancy, adverse health behaviors, suicide attempts and HIV-risk behaviors as the affected child grows up. Children who have suffered abuse or neglect are arrested four to eight times more often for juvenile crimes and are twice as likely to be arrested as adults. They are also at higher risk for school failure. A strong link exists between negative childhood experiences and illicit drug use later in life. The greater the number of negative events experienced, the more likely the individual is to initiate drug use at an early age, have drug problems, be addicted to drugs, or use intravenous drugs in adulthood. Maltreated children are 25% more likely to suffer from mental illness. Childhood abuse and household dysfunction lead to the development of chronic diseases decades later.ⁱ

Nationally, among children confirmed by Child Protective Service agencies as being maltreated, 61% experienced neglect; 19% were physically abused; 10% were sexually abused; and 5% were emotionally or psychologically abused. Of the estimated 1,500 children who were confirmed to have died from maltreatment; 36% of these deaths were from neglect, 28% from physical abuse, and 29% from multiple maltreatment types.ⁱⁱ Data on the confirmed number of U.S. child maltreatment cases are underestimates.

Children from birth to age three are at the greatest risk of any abuse. They have the highest victimization rates, are the most likely to experience a recurrence of

maltreatment, and are the most likely to die from the abuse and neglect they experience. And they are probably the most important group to target for prevention because research about early brain development and nurturing theory demonstrate the huge potential that exists to positively influence developmental outcomes during the critical first years. In addition, parents are most willing to receive information and support during the period of critical life change the birth of a first child represents.

In Washington, American Indian or Alaska Native children had the highest rates of victimization when compared to other race groups. From 2001-2003, the rate for American Indian or Alaska Natives children was 83.0 per 1,000 children of the same race, the rate for African-Americans was 54.4 per 1,000 children, the rate for whites was 26.3 per 1,000, and the rate for Pacific Islanders was 11.1 per 1,000 children.

Child maltreatment has been consistently associated with parental poverty, unemployment, lack of education, young maternal age, large family size, and short intervals between births. The reasons for these associations are not known, but relatively scarce economic and psychological resources for each child might play a role. Other family characteristics that contribute to abuse risk include single parent status, substance abusing parents, parents who were abused as children, and parents with psychological diagnoses.ⁱⁱⁱ

Since child maltreatment is a complex problem with a multitude of causes, approaches to prevention must respond to a range of needs.

Recommended Strategies by the Injury Community Planning Group:

1. Provide support programs for new parents.

The purpose of support programs for new parents, such as prenatal support programs, is to prepare individuals for the job of parenting. Such programs should include support during both the pre- and postnatal periods to ease the difficulties associated with having a new infant at home.

- ***Home visiting*** is the most innovative and holistic prevention program used in approaching the difficulties of educating and supporting the at-risk family. There are several national programs, the effects of which have been studied in randomized control trials. The programs enroll first-time low-income mothers early in their pregnancy and follow them through their child's second birthday with frequent home visits. In addition, most home visiting programs seek to create change by providing parents with (1) social support; (2) practical assistance, sometimes in the form of case management that links families with other community services; and (3) education about parenting or child development.

2. Parent Training.

Parent focused interventions with well-specified training components aimed at improving child rearing competence and stress management have demonstrated effectiveness in reducing risk factors associated with physical child abuse.

Nationally known programs that target at-risk families such as Parent Effectiveness Training (P.E.T.), the Parent Nurturing Program, and Systematic Training for Effective Parenting (S.T.E.P.) have various approaches toward parenting education and are distinct in their use of such teaching tools as reward and punishment, praise, and specific encouragement.

3. Identification and screening.

Many health care facilities use multidisciplinary teams to improve identification and case management of maltreated children, and organizations for health care professionals have initiated training programs to increase knowledge for recognizing, diagnosing, documenting, and treating child abuse.

4. Provide programs for maltreated children.

Treatment programs for maltreated children include therapeutic day school programs as well as day hospital programs, residential programs, and home and clinic setting treatment. These programs most often concentrate on improving the cognitive and developmental skills of younger children and on psychodynamic treatment for children in older age groups.

Resources:

Washington State

1. Washington Council for Prevention of Child Abuse and Neglect website: www.wcpcan.wa.gov.
2. Washington State Department of Social and Health Services, Children's Administration website, <http://www1.dshs.wa.gov/ca/safety/prevAbuse.asp?1>
3. The Washington State Department of Health, Health of Washington State website: <http://www.doh.wa.gov/HWS/hws2002.htm>.
4. The Washington State Childhood Injury Report website: http://www.doh.wa.gov/hsqa/emstrauma/injury/pubs/wscir/WSCIR_child_abuse_and_neglect.pdf.

National

1. Prevention Through Education and Awareness, Website: www.childabuse.com.

2. Childhelp USA® National Child Abuse Hotline at 1-800-4-A-CHILD® (1-800-422-4453).

3. National Association of Counsel for Children, Website: www.naccchildlaw.org.

4. Nurse Family Partnership website <http://www.nursefamilypartnership.org/>

4. Child Maltreatment: Fact Sheet, prepared by the Centers for Disease Control, National Center for Injury Prevention and Control, Website:
<http://www.cdc.gov/ncipc/factsheets/cmfacts.htm>.

5. Prevent Child Abuse America, Website:
http://www.preventchildabuse.org/learn_more/research_docs/cost_analysis.pdf.

6. Child Maltreatment, Child Trends DataBank, Website:
http://www.childtrendsdatabank.org/pdf/40_PDF.pdf.

ⁱ Washington Council for Prevention of Child Abuse and Neglect. Annual Report 2005.
http://www.wcpcan.wa.gov/Files/2005_report.pdf

ⁱⁱ Department of Health and Human Services (DHHS) (US), Administration on Children, Youth, and Families (ACYF). Child maltreatment 2003 [online]. Washington (DC): Government Printing Office; 2005. [cited 2005 April 5]. Available from: URL: www.acf.hhs.gov/programs/cb/pubs/cm03/index.htm

ⁱⁱⁱ Washington State Department of Health, The Health of Washington State, Child Abuse and Neglect Chapter. http://www.doh.wa.gov/hws/doc/IV/IV_ABU.doc

